

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075479

FILED  
Mar 10, 2005  
Secretary of State

Entity Name: CHICKEN PLUS, INC.

## Current Principal Place of Business:

3291 W. SUNRISE BLVD  
FT LAUDERDALE, FL 33313

## New Principal Place of Business:

3291 W. SUNRISE BLVD  
FT LAUDERDALE, FL 33313 US

## Current Mailing Address:

7274 NW 68 DRIVE  
PARKLAND, FL 33067

## New Mailing Address:

7274 NW 68 DRIVE  
PARKLAND, FL 33067 US

FEI Number: 65-1030586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORCHIN, DAVID C.P.A  
8211 WEST BROWARD BLVD  
SUITE 200  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HARNARRINE, SAVITRI  
Address: 7274 NW 68 DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: VPD ( ) Delete  
Name: HARNARRINE, SAVITRI  
Address: 8211 W BROWARD BLVD,200  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HARNARRINE, SAVITRI  
Address: 7274 NW 68 DRIVE  
City-St-Zip: PARKLAND, FL 33067 US

Title: VPD (X) Change ( ) Addition  
Name: HARNARRINE, SAVITRI  
Address: 7274 NW 68 DRIVE  
City-St-Zip: PARKLAND, FL 33067 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAVITRI HARNARRINE

PD

03/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date